Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		2 DATE SUBMITTED v.	. 40 - 41 - 4	Applicant Ident	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	TARCH 1,20	O7 State Application	
1. TYPE OF SUBMISSION: Application	Pre-application				JI luciumer
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er
Non-Construction	Non-Construction		***************************************		
5. APPLICANT INFORMATION			Organizational U	nit:	
Legal Name: COYOTE VALLEY	Mutual W	ATED A	Department:		
			Division:		
Organizational DUNS: 19	-772-92	<u>ર /</u>	Name and talant	and number of nor	son to be contacted on matters
Address: Street: Po Box /	2/		involving this ap	plication (give area	code)
	PERIAL HU	hz	Prefix:	First Name:	MELINDA
		, <u>y</u>	Middle Name		
County: 0 007 1440			Last Name	HEIMDAL	
State: 00	Zip Code 9235	<u>~</u>	Suffix:	i	
Country	1000		Email:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)
	7		760-79	1-1410	
8. TYPE OF APPLICATION:		State of the Control	7. TYPE OF APP	LICANT: (See back	of form for Application Types)
Nev Nev	w 🖺 Continuatio	n Revision	0-NO	IT FOR PROI	FIT ORG.
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify)	i, i v	
Other (specify)		· 📙	9. NAME OF FED	DERAL AGENCY:	110> 1
					USDA
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:		E TITLE OF APPLIC	
			BOOSTE	R STATI	UN UPGRADE
TITLE (Name of Program):			11174	NEW a	ATER TANK
12. AREAS AFFECTED BY PR UNINCORPORATE	OJECT (Cities, Counties	s, States, etc.):	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	D AKEA OF	TOPPERINE CURINI			
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	ONAL DISTRICTS	b. Project
Start Date.	Enailing Date.				
15. ESTIMATED FUNDING:			ORDER 12372 PR	ROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$.00	a. Yes. THIS	PREAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant S	The same of the sa	.00	PRO	CESS FOR REVIEW	V ON
c. State	ECHIVED		DATE	E MARCH	1,2007
d. Local NS	AR 0 5 2007		b. No. 🔯 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$	AIT 0 0 L	ou	1	ROGRAM HAS NO	T BEEN SELECTED BY STATE
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g. TOTAL \$	SPECIAL PROPERTY AND ADDRESS OF PARTICIPATE PROPERTY OF A SECRETAR ADDRESS OF THE PARTICIPATE AND ADDRESS OF THE PARTICIPATE	- 00	T Voc If "Voc" a	ttach an explanation	. No
18. TO THE BEST OF MY KNO	WI EDGE AND BELLER	ALL DATA IN THIS API	1		Y **
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix	First Name	NE	Mi	iddle Name	
Last Name EPPERS			Su	ıffix	
b. Title SECRETA			c.	Telephone Number	(give area code)
d. Signature of Authorized Repre	· · · · · · · · · · · · · · · · · · ·	ane Exper	e.	D 1 0'	uch 1, 2007
Previous Edition Usable Authorized for Local Reproduction		The			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
Authorized for Local Reproduction	DN	<i>U</i>			

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED March 6, 2007		Applicant Ider	tifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY March 6, 2007	STATE	State Applicat	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	Non Construction		10	-14.		
Legal Name:			Organizational Un Department:			
STATE OF CALIFORNIA			DEPARTMENT OF	F PARKS AND RE	CREATION	
Organizational DUNS: 172070807				ORIC PRESERVA		
Address:			Name and telepho	one number of pe olication (give are	rson to be contacted on matters	
Street: P.O. BOX 942896			Prefix:	First Name:		
City: SACRAMENTO		•	Middle Name RAYMOND	RE	CEIVED R 0 6 2007	
County: SACRAMENTO			Last Name THOMAS	MAR		
State: CALIFORNIA	Zip Code 94296-0001		Suffix:		2007	
Country: U.S.			Email: jthomas@parks.ca	STATE CL	EARING HOUSE Fax Number (gwearea code)	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (giv	ve area code)	Fax Number (give area code)	
94-6001347			4916-653-9125			
8. TYPE OF APPLICATION:		Mileston,	7. TYPE OF APPL	.ICANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate lett		n Revision	STATE			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDI NATIONAL PARK	SERVICE (1443)		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:	
TITLE (Name of Program): HISTORIC PRESERVATION		15-904	ANNUAL APPLICATION OF FEDERAL FY 07 (60/40) GRANT FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO HE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION,			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	AND PROTECTIO	ON OF HISTORIC	PROPERTIES STATEWIDE.	
STATEWIDE						
13. PROPOSED PROJECT	Ending Date:		a. Applicant	NAL DISTRICTS	OF: b. Project	
Start Date: 10/01/06	09/30/07		APPLICANT		SEE #11 ABOVE	
15. ESTIMATED FUNDING:	1		ORDER 12372 PR	OCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$		1.031.991	a. Yes. Z	PREAPPLICATION	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$. 00		ESS FOR REVIEW		
c. State \$		544,490 ·	DATE	: 03/06/2007		
d. Local \$		70,003	b. No. 🏻 PROG	GRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$		61,501	FOR F	REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$.00	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		1,689,985		ach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPI THE APPLICANT A	PLICATION ARE T ND THE APPLICA	FRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative			L : A A	Idle Namo		
Prefix MR.	First Name MILFORD		W.	ldle Name AYNE		
Last Name DONALDSON,	\ \(\(\)		Suf FA	IA		
b. Title STATE HISTORIC PRESEVAT	ION OFFICER			⁻ elephone Number 6-653-6624	(give area code)	
d. Signature of Authorized Repre	sentative		е. [Date Signed /06/07		
mulat warm	- dr.bh		103.	, , , , , , , , , , , , , , , , , , , ,		

APPLICATION FOR FEDERAL ASSISTANCE	CE	2. DATE SUBMITT 03/6/2007	ED	Applicant lo	Version 7
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE	State Applie	cation Identifier
Application	Pre-application				
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Ide	ntifier
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction	<u></u>			
Legal Name:	N				
Sierra Economic Development	nt Minteine		Organizational Unit: Department:		
Organizational DUNS:	it District				
08-885-6885		ingraphyron want and the profit of the said that had the said the	Division:		
Address: Stroot:	PRECE	- W-	Name and telephone	number of p	person to be contacted on matter
	R I Sharens Vot Hou	out A W Ground Been	involving this applic	ation (give a	rea code)
560 Wall Street, Suito F	MAR O	8 2007	Prefix: Mr.	First Name: Brent	
City; Auburn	1411 117		Middle Name	1	
County:	OTATE OLEA	DINO HOHOE	Last Name)
Placer State:		RING HOUSE	Smith		
[CA	Zip Cbde 95603	TOTAL CONTRACTOR OF THE PARTY O	Suffix:	**	
Country: United States			Email:		
6. EMPLOYER IDENTIFICATION	CALABRATES /E/AD.		Brent@sedd.org		
			Phone Number (givo ar	ea code)	Fax Number (give area code)
94-170504	3		530-823-4703		530-823-4142
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (Sec ba	ck of form for Application Types)
If Povision anto-	W Continuation	n T Revision	0	,	or or raining i appropriation i ypour
If Revision, onter appropriate let (See back of form for description	Harle) in hav/act				
	ii or icadra.)		Other (specify)		
Other (specify)	· ••	t. i	9. NAME OF FEDERA	AGENCY:	
40 CATALOC OF CEDERAL	153/65/110		USDA/Rural Developm	ent	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TIT		
		1 0 - 7 7 3	Business Development	t Plans for Pe	llet Manufacturing and Pollet Stove
TITLE (Name of Program):			Manufacturing Facilitie	s, Loyalton in	dustrial Park
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States etc.):	_		
Sierra County, City of Loyalton		District 5.5.4.			
13. PROPOSED PROJECT					
Start Date:	Ending Date:		14. CONGRESSIONAL a. Applicant	DISTRICTS	
06/01/2007	05/30/2008		Doolittle - 4		b. Project Doolittle - 4
15. ESTIMATED FUNDING:			16. IS APPLICATION S	UBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		(¥)	ORDER 12372 PROCES	SS?	
		50,000	AVAILABLE	TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
		· uu	PROCESS	FOR REVIEW	V ON
c. State \$		uo	DATE: Fob	ruary 27, 200	7
d. Local \$		DO .			
	_	•	b. No. T PROGRAM	IS NOT COV	ÆRED BY E. O. 12372
s. Other \$		00			T BEEN SELECTED BY STATE
. Program Income \$		00	FOR REVIE	w	
		•	17. IS THE APPLICANT	DELINQUE	NT ON ANY FEDERAL DEBT?
. TOTAL \$		50.000	TIVE IS IVE		wy a i
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A	WLFDGE AND BELIEF. A	50,000	Yes If "Yes" attach at		
OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF TI	AUTHORIZED BY THE GO	OVERNING BODY O	PPLICATION/PREAPPLICA F THE APPLICANT AND TH	TION ARE T	RUE AND CORRECT. THE
TTACHED ASSURANCES IF TI Authorized Representative	HE ASSISTANCE IS AW	ARDED.	1 1 14 14	IE AFFLIUMI	NI WILL COMPLY WITH THE
refix	First Name		The state of the s		
	Brent	·	Middle Na	mo	
ast Name mith			Suffix		\
Title	1		Tolonho		
President Signature of Authorized Represi				4703	give area code)
	sentative)(0)	1. K - Mary	e. Date Si	gned	04-
evious Edition Usable			77	<u> 3</u> (c	() *F

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

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APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant lo	Version 7/0
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE		cation Identifier
Application	Pre-application	<u>.</u>			
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AG	ENCY Federal Ide	entifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organization	nal Unit:	
Lake Berryessa Resort Improv	ement District		Department: Public Works		
Organizational DUNS: 07-168-8188			Division:		
Address:			Name and te	lephone number of	person to be contacted on matters
Street: 1195 Third Street, #201			involving thi	s application (give a	
Çity:			Mr.	Nate	
Napa			Middle Name		
County: Napa			Last Name Galambos		
State: CA	Zip Code 94559-3035		Suffix:		The second secon
Country:	04000 0000		Email:		
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (FINI)			co.napa.ca.us er (give area code)	Fay Number (-:
94-6000525			(707) 259-837		Fax Number (give area code)
8. TYPE OF APPLICATION:					(707) 253-4627 ack of form for Application Types)
V Ne		n Revision			ack of form for Application Types)
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es)		G. Special Dis		
			Other (specify		•
Other (specify)			9. NAME OF USDA	FEDERAL AGENCY	· ·
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIP	TIVE TITLE OF APP	LICANT'S PROPRECEIVE
		1 0 - 7 6 0	LBRID Water	Improvements	ITTOEIVE
TITLE (Name of Program):		المتا المتا المتا المتا			MAR 0 8 200
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	s, States, etc.):			1 6 8 200
LBRID					STATE CLEARING HO
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DISTRICT	S OF:
Start Date:	Ending Date: 11/08		a. Applicant CA 1st Distric	†	b. Project CA 1st District
15. ESTIMATED FUNDING:			16. IS APPLIC	CATION SUBJECT T	O REVIEW BY STATE EXECUTIVE
a. Federal \$		90	ORDER 12372	PROCESS?	ON/APPLICATION WAS MADE
b. Applicant \$		3,064,380	A. 163. [A	VAILABLE TO THE S	STATE EXECUTIVE ORDER 12372
	oranie de la companya del companya de la companya del companya de la companya de			ROCESS FOR REVI	EW ON
c. State \$			D.	ATE:	
d. Local \$.00	b. No. 🗷 Pl	ROGRAM IS NOT CO	OVERED BY E. O. 12372
e. Other \$.00		R PROGRAM HAS N	OT BEEN SELECTED BY STATE
f. Program Income \$		90	F(OR REVIEW	JENT ON ANY FEDERAL DEBT?
q. TOTAL \$, on	- II. IO ITIL AF	LICANI DELINGU	THE ON ANT FEDERAL DEBT?
<u> </u>		3,064,380		" attach an explanati	
ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PPLICATION/PRE THE APPLICAN	APPLICATION ARE	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name 2			Middle Name	
MIR.	First Name ROBER	?T			
<u> </u>			*	Suffix	
DISTRICT E	NIGHERR			c. Telephone Number	er (give area code)
d. Signature of Authorized Repre	sentative			e. Date Signed	1007-60
1// //	LETVA -	_		e. Date Signed	21/10

APPLICATION FOR FEDERAL ASSISTANCE	Ξ	2. DATE SUBMITTED		Applicant Iden	tifier	Version 7/03	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier			
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identif	ier		!
Non-Construction	Non-Construction	-					İ
5. APPLICANT INFORMATION Legal Name:			Organizational U	nif.			
Lake Berryessa Resort Improve	ament District		Department: Public Works				
Organizational DUNS:	SHIGH DISTRICT		Division:				
07-168-8188 Address:			Name and telenh	one number of per	rson to be conta	cted on matters	
Street:			involving this ap	plication (give are			
1195 Third Street, #201			Prefix: Mr.	First Name: Nate			
City: Napa	, i		Middle Name				
County: Napa			Last Name Galambos				1
State: CA	Zip Code 94559-3035		Suffix:				To the second se
Country: USA			Email: ngalambos@co.r	napa.ca.us			To the statement of the
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (giv	e area code)	and the state of t
9 4 - 6 0 0 0 5 2 5	5		(707) 259-8371		(707) 253-4627		
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	k of form for Appl	ication Types)	
If Revision, enter appropriate le	w Continuatio	n Revision	G. Special Distric	t			
(See back of form for description	n of letters.)		Other (specify)				
Other (specify)	· · · · · · · · · · · · · · · · · · ·		9. NAME OF FED USDA	ERAL AGENCY:			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJE	T	
		10-760	LBRID Sewer Im	provements	/	RECEI MAR 0 8	1/5
TITLE (Name of Program): Water & Wastewater Disposal	and Loan Program	2000			- 1	CLI	VEC
12. AREAS AFFECTED BY PI		s, States, etc.):			/	MAR 0 8	2007
Special District						~ A ~~	-007
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	ONAL DISTRICTS	OF: b. Project	ATE CLEARING	HOUSE
Start Date.	10/2007		CA 1st District				HOUSE
15. ESTIMATED FUNDING:			ODDED 40070 DI	TON SUBJECT TO			
a. Federal		2,170,620	2 Yes THIS	PREAPPLICATION	VAPPLICATION	WAS MADE	
b. Applicant \$)	00		LABLE TO THE ST. CESS FOR REVIEV	THE LITTE OF THE	URDER 12372	
c. State	5	.00	DATE	<u>:</u>			
d. Local)	.00	b. No. PRO	GRAM IS NOT COV	/ERED BY E. O.	12372	
e. Other		. 00		ROGRAM HAS NO REVIEW	T BEEN SELEC	TED BY STATE	
f. Program Income			17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEE	ERAL DEBT?	
g. TOTAL	•	2,170,620	1	ttach an explanation			
18. TO THE BEST OF MY KNODOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAF THE APPLICANT	PPLICATION ARE 1 AND THE APPLICA	TRUE AND COR ANT WILL COMP	RECT. THE LY WITH THE	
a. Authorized Representative Prefix	First Name	N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Mi	ddle Name			-
MR.	First Name ROBER	?T		ıffix			-
Last Name PETERSON							
b. Title DISTRICT EN	I(UN)FFR		. c.	Telephone Number (707) 253	(give area code)		
d. Signature of Authorized Repr	esentative 2		e	Date Signed 3	15/0	7	1
Previous Edition Usable	HUL			1		n 424 (Rev.9-2003)	
Authorized for Local Reproduct	ion				Prescribed by (DMB Circular A-102	

	2. DATE SUBM	TTED		App	licant Identifier	
APPLICATION FOR FEDERAL ASSISTANCE						
SF 424 (R&R)	3. DATE RECEI	VED BY ST	ATE	Stat	e Application Identif	lier
1. TYPE OF SUBMISSION	4. Federal Ider	itifier				
Pre-application					p.)	
5. APPLICANT INFORMATION			* Organization	al DUNS:	0467058490000	
Legal Name: The Regents of the University of Califor			, , , , , , , , , , , , , , , , , , ,	4.************************************		.,,
Department: Sponsored Projects	Division: Off	rice of Rese	arch Administre	<u> </u>	_	
* Street1: 300 University Tower	Street2:				Da. Callford	
* City: Irvine Co	unty: Orange				e: CA: Callford	
Province:	* Country: JNITE	D ST " ZIF	/ Postal Code:	92697-780	00	
Person to be contacted an matters involving this applica-	ation					Suffix:
Prefix; * First Name:	Middle Name:			Laet Name	e;	
Ms. Darlene	K.				dkeuiliv@uci.edu	
* Phone Number: 949-624-0341	Fax Number: 949	-824-2094		Email:	(dkaDiille@del.ede	. 10.
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE	OF APPLICAN		^!	. / ***********************************
95-2226406			H: Public/Si	tate Contro	lled Institution of High	er Education
8. TYPE OF APPLICATION: V New		Other (Spec			o o o o o o o o o o o o o o o o o o o	•
Resubmission Renewal Continuation	Revision	Wome	n Owned	Small Busin	ness Organization Typ Socially and Eco	nomically Disadvantaged
If Revision, mark appropriate box(as).		9. * NAME	OF FEDERAL	AGENCY:		-CEIVED
A. Increase Award 🔲 B. Decrease Award 🔲 C. I	ncrease Duration	Chicago 5	ervice Center		/ MA	
D. Decrease Duration . E. Other (specify)		10. CATA	LOG OF FEDE	RAL DOME	STIC ASSISTANCE	NUMBER: SLEARING HOUSE
* Is this application being submitted to other agencies	Yes No V	_	61.049		Parabalananasan secretic demois ocean, es	HOUSE
What other Agencies?		TITLE:	Office of Science	e Financial	Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJ						The state of the s
Expanding Actinide Reaction Chemistry for Advanced	Nuclear Energy Sy	yslems	100,11111			,
12. AREAS AFFECTED BY PROJECT (cities, coun	ties, states, etc.)					
13. PROPOSED PROJECT:		14. CON	RESSIONAL I	DISTRICTS	OF:	
* Start Date * Ending Date		a. Appli	cant		b. * Project	
D9/01/2007		48			48	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT		ORMATIO	N	m (())		Suffix:
Prefix: *First Name:	Middle Name:			Last Nam	19:	- Sullik
Dr. William	Organizati	on Name	Regents of the	ļ	of California	1
Position/Title: Professor	Division:		Physical Scien			
Department: Chemistry	Street2:		,			
* Street1: 1102 Natural Sciences II				• 81	ate: CA: Califor	
	County: Orange	TED ST	~ ZIP / Postal C		97-7600	
Province:	_ Country: JNI Fax Number: 94		بر ۱۱ محسد		l: wevans@uci.edu	
* Phone Number: 949-B24-5174	rax Nomber: 94:	J-944-22 IU				

OMB Number: 4040-0001

Expiration Date: 04/30/2008

20. Pre-application

9498241465

Completed on submission to Grants.gov MALA SUD

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Page 2 SF 424 (R&R) APPL, ATION FOR FEDERAL ASSISTANCE 17, * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS7 a. YES V THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. * Total Estimated Project Funding 608.765.00 PROCESS FOR REVIEW ON: b. " Total Federal & Non-Federal Funds 608,765.00 DATE: 03/09/2007 0.00 c. " Estimated Program Income b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative pensities. (U.S. Code, Title 18, Section 1001) ✓ * lagree *The list of cortificulians and assurances, or an internet sile where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: * Last Name: Middle Name: Prefix: * First Name: Sullivan K. Darlene Ms. Regents of the University of California * Organization: Contract & Grant Officer * Position/Title: Office of Research Administrat Division: Sponsored Projects Department: Street2: 300 University Tower * Street1: State: | CA: Californ County: Orange " City: | Irvine ZIP / Postal Code: |92697-7600 JNITED ST * Country: Province: * Email: dksulliv@uci.edu Fax Number: 949-824-2094 * Phone Number: 949-824-0341 · Date Signed * Signature of Authorized Representative

> OMB Number: 4040-0001 Expiration Date: 04/30/2008

Completed on submission to Grants.gov

Add Altechment

		2. DATE SUBMI	ITTED	Applicant Identifier	
PPLICATION F SF 424 (I	OR FEDERAL ASSISTANCE R&R)	3. DATE RECE	VED BY STATE	State Application Id	dentifier
• TYPE OF SUB	MISSION	4, Federal Ider	ntifler		
Pre-application		V, 1 dd v, 1			
APPLICANT IN			* Organization	onal DUNS: 046705849	A
	egents of the University of Celifornia	3			
epartment: Sr	ponsored Projects Admin.	Division: Of	fice of Research Admin.		
\ -	00 University Tower	Street2:		[0.0.15]	
City: Irvine	c	ounty: Orange		• State: CA: Californ	
rovince:		Country: JNITE	ED ST * ZIP / Postal Code	e: 92697-7600	
erson to be contr	acted on matters involving this appl	leation		a t ant tin—a:	Suffix:
	t Name:	Middle Name:		* Last Name:	
ns. Darle	ne	K	Pp	Emall: dksulliv@uci.e	dil
Phone Number:	(949)824-0341	Fax Number: (94	19)824-2094	Email: Uksome Guene	
EMPLOYER I	DENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA		
5-2226406			H: Public	State Controlled Institution of	Higher Education
* TYPE OF AP	PLICATION: V New		Other (Specify):	Small Business Organizatio	n Tvpa
		Revision	Wamen Owned	[] Socially an	d Economically Disadvantage
f Revision, mark	appropriate box(es).		9. " NAME OF FEDERA	AL AGENCY:	
A, Increase Awa	ard 🔃 B. Decrease Award 📋 C.	. Increase Duration	Chicago Service Center	<u> </u>	
D. Decrease D	ouration E. Other (specify)		10. CATALOG OF FED	DERAL DOMESTIC ASSISTA	NCE NUMBER:
Is this application	on being submitted to other agencie	A7 Yes No	81.049		The same of the sa
What other Agend			TITLE: Office of Scien	nce Financial Assistance Pro	gram RECEIVE
14 * DECCRIPTI	ME TITLE OF APPLICANT'S PRO	JECT:			1.4.4.17.00.00.00.00.00.00.00.00.00.00.00.00.00
11. DESCRIPTI	Fluorescence Imaging for Studying	Organic, Organome	etallic, and inorganic Read	ction Mechanisms	MAR 0 9 2007
Single-Molecule I				•	STATE CLEARING HO
Single-Molecule I	FECTED BY PROJECT (cities, cou				The same of the sa
Single-Molecule I 12. * AREAS AFF Irvine, CA			14. CONGRESSIONA	L DISTRICTS OF:	
Single-Molecule I 12. * AREAS AFF Irvine, CA			a. * Applicant	b. Projec	ct
Single-Molecule I 12. * AREAS AFI Irvine, CA 13. PROPOSED	PROJECT:				et
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Single-Molecule I 12. * AREAS AFI Irvine, CA 13. PROPOSED * Start Date D7/D1/2007 15. PROJECT D Prefix: * Fi	PROJECT: - Ending Date 06/30/2010 DIRECTOR/PRINCIPAL INVESTIGA	Middle Name:	a. * Applicant 48 #FORMATION	b. * Projection 48	
Single-Molecule I 12. * AREAS AFI Irvine, CA 13. PROPOSED * Start Date 07/01/2007 15. PROJECT D Prefix: Fi Prof. Suz	PROJECT: - Ending Date 06/30/2010 DIRECTOR/PRINCIPAL INVESTIGA	Middle Name:	a. * Applicant 48 NFORMATION atlon Name: Regents of t	b. * Project 48 * Last Name: Blum Blum Blum California	Suffix:
Single-Molecule I 12. * AREAS AFI Irvine, CA 13. PROPOSED * Start Date D7/01/2007 15. PROJECT D Prefix: * Fi Prof. Suz Position/fitte:	PROJECT: - Ending Date 06/30/2010 DIRECTOR/PRINCIPAL INVESTIGATION Name: zanne	Middle Name:	a. * Applicant 48 NFORMATION atlon Name: Regents of t	b. * Projection 48	Suffix:
Single-Molecule I 12. * AREAS AFF Irvine, CA 13. PROPOSED * Start Date 07/01/2007 15. PROJECT D Prefix: * Fi Prof. Suz Position/fitte: Department:	PROJECT: r Ending Date 06/30/2010 DIRECTOR/PRINCIPAL INVESTIGA irst Name: zanne Assistant Professor	Middle Name:	a. * Applicant 48 NFORMATION atlon Name: Regents of t	b. * Project 48 * Last Name: Blum the University of California	Suffix:
Single-Molecule I 12. * AREAS AFF Irvine, CA 13. PROPOSED * Start Date 07/01/2007 15. PROJECT D Prefix: * Fi Prof. Suz Position/fitte: Department:	PROJECT:	Middle Name:	a. * Applicant 48 NFORMATION ation Name: Regents of t Office of Re	b. * Project 48 * Last Name: Blum the University of California teaarch Admin. * State: CA: California	Suffix:
Single-Molecule I 12. * AREAS AFF Irvine, CA 13. PROPOSED * Start Date 07/01/2007 15. PROJECT D Prefix: * Fi Prof. Suz Position/Title: Department: * Street1;	PROJECT:	Middle Name: Organiza Division: Street2: County: Orange Country: JN	a. * Applicant 48 NFORMATION atlon Name: Regents of t	b. * Project 48 * Last Name: Blum the University of California teaarch Admin. * State: CA: California	Suffix: PhD

Expiration Date: 04/30/2008

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16, ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES [7] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 467,597,00 a. * Total Estimated Project Funding PROCESS FOR REVIEW ON: 467,597.00 b. " Total Federal & Non-Federal Funds DATE: 03/09/2007 0.00 c. * Estimated Program Income PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * | agree * The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: * Last Name: Middle Nama: * First Name: Prefix: Sullivan Dariene Ms. Regents of the University of California * Organization: Grants Officer * Position/Title: Office of Research Admin. Division: Sponsored Projects Admin. Department: Street2: 300 University Tower * Street1: * State: CA: Californ County: Orange - City: Irvine * ZIP / Postal Code: |92697-7600 JNITED ST * Country: Province: dksulliv@uci.edu (949)824-2094 Fax Number: * Phone Number: (948)824-0341 * Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov MI

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

And Attachment

Add Attachment

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE	·)	2. DATE SUBMITTED	03/06/07	Applica	ant Iden		on 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State A	Applicati	on Identifier	
Application Construction	Pre-application Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	' Federa	al Identif	ier	
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			Oitii II	.14.			
Legal Name:	d_a.d_a		Organizational Un Department:	IIT:			
Armona Community Services D Organizational DUNS:	PISTRICT	· · · · · · · · · · · · · · · · · · ·	Division:				
Address: Street:			involving this app			rson to be contacted on ma a code)	atters
P.O. Box 486			Prefix:	First N Micha	ame:		1
City: Armona			Middle Name		R	ECEIVED	
County: Kings			Last Name Taylor			MAR 0 9 2007	
State: CA	Zip Code 93202		Suffix:			IVIAR U J ZUUI	
Country: USA	<u></u>		Email: mtaylor@ppeng.co	vm	STAT	TE CLEARING HOUSE	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (giv		1	Fax Number (give area code)]
9 4 - 2 4 1 3 8 1 8	П		(559) 449-2700			(559) 449-2715	
8. TYPE OF APPLICATION:	<u> </u>	BUT THE STREET	7. TYPE OF APPL	ICANT: (S	See back	k of form for Application Type	es)
☑ Ne		n 🔲 Revision	G.				
If Revision, enter appropriate let (See back of form for description			Other (specify)				
Other (specify)			9. NAME OF FEDE	RAL AGE	NCY:		·
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF	APPLI	CANT'S PROJECT:	·····
		10-760	Wastewater Treatr	nent Plant	Expans	ion and Upgrade	
TITLE (Name of Program): Water and Waste Disposal Loa	n and Grant Program	تالا تالا					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):					
Armona, Kings County							
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DIST	RICTS		
Start Date:	Ending Date:		a. Applicant			b. Project 20	
15. ESTIMATED FUNDING:			ORDER 12372 PRO	OCESS?		REVIEW BY STATE EXECU	
a. Federal \$		6,545,805 ⁰⁰	THIS F	PREAPPLI	CATION	I/APPLICATION WAS MADE	:
b. Applicant \$.00	/\V/\\IL	ABLE TO TESS FOR	111111111111111111111111111111111111111	THE EXECUTIVE ONDER 12	2372
c. State \$			DATE:		v 11 V		
d. Local \$.00	b. No. 🔲 PROG	RAM IS NO	OT COV	/ERED BY E. O. 12372	
e. Other \$	·	.00			HAS NO	T BEEN SELECTED BY STA	ATE
f. Program Income \$.00		EVIEW CANT DEL	INQUE	NT ON ANY FEDERAL DEB	T?
g. TOTAL \$		6,545,805 ·	☐ Yes If "Yes" att	ach an exp	lanation	n. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS AF	PPLICATION/PREAPF THE APPLICANT AI	PLICATION ND THE A	N ARE T	TRUE AND CORRECT. THE INT WILL COMPLY WITH TH	HE
a. Authorized Representative Prefix			L:k.g	dle Name			
	First Name Kelly						
Last Name Granger			Suff				
b. Title District Manager				elephone N 9)584-4542		(give area code)	
d. Signature of Authorized Repre	esentative][[[M]	Jumann		ate Signed		-5-07	
Previous Edition Usable Authorized for Local Reproduction	/ /	0 //0/				Standard Form 424 (Rev.s Prescribed by OMB Circula	

APPLICATION FOR	_	2. DATE SUBMITTED		Ann	licant Ident		3131011 770
FEDERAL ASSISTANC	=		03/06/07				
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED B	Y STATE	Stat	te Application	on Identifier	
Application	1 ''	4. DATE RECEIVED B	Y FEDERAL AGENCY	' Fed	eral Identifi	ier	
Construction Non-Construction	☑ Construction ☐ Non-Construction						
5. APPLICANT INFORMATION							
Legal Name:			Organizational Un	it:			
Armona Community Services [District		Department:				
Organizational DUNS:	-		Division:				
Address						rson to be contacted on	matters
Street: P.O. Box 486			involving this app		n (give area st Name:	a code)	***************************************
				Mic	chael	AND STREET STREET, STR	1
City: Armona			Middle Name		Kt	CEIVED	
County: Kings			Last Name Taylor		I MA	AR 0 9 2007	Marie Control
State: CA	Zip Code 93202		Suffix:		1117	11000 2001	
Country:	30202		Email:		STATE	CLEARING HOUSE	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (giv	o aroa o	4	Fax Number (give area co	de)
	· · ·		(559) 449-2700	e area co	oue,	(559) 449-2715	,uc,
9 4 - 2 4 1 3 8 1 8 1 8 1 1 8 1 1 1 1 1 1 1 1 1 1	8]		, , ,	IC A NIT ·	(See hack	of form for Application T	'vnes)
8. TTPE OF APPLICATION:	ew 🔲 Continuation	n Revision		IOAIII.	(Oee back	COLIOTH IOI Application 1	урса
If Revision, enter appropriate le (See back of form for description	tter(s) in box(es)	on E Revision	G Other (specify)				
Other (specify)			9. NAME OF FEDE	RAL A	GENCY:		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11 DESCRIPTIVE	TITLE	OF APPLI	CANT'S PROJECT:	
III. OATALOG OT TEDLITAL			Well #2 Water Tre				
TITLE (Name of Program):		1 0-7 6 0					
1							
12. AREAS AFFECTED BY P Armona, Kings County	ROJECT (Cities, Countie	s, States, etc.):					
13. PROPOSED PROJECT			14. CONGRESSIO	NAL D	ISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant 20			b. Project 20	
June 2007 15. ESTIMATED FUNDING:	June 2009			ON SUI	BJECT TO	REVIEW BY STATE EXI	ECUTIVE
		00	ODDED 42272 DD	OCECC.	2		
a. Federal	Б	1,780,000	a. Yes. Z	ABLE T	O THE ST	I/APPLICATION WAS MA	NDE R 12372
b. Applicant	Б	.00			OR REVIEV		
c. State	Б	.00	DATE:				
d. Local	₿	.00	b. No. 🗍 PROG	RAM IS	NOT COV	'ERED BY E. O. 12372	
e. Other	\$.00		OGRA		T BEEN SELECTED BY	STATE
f. Program Income	\$					NT ON ANY FEDERAL D	DEBT?
g. TOTAL	\$	1,780,000	☐ Yes If "Yes" att	ach an	explanation	n. 🛮 🗷 No	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BODY OF	PPLICATION/PREAPE F THE APPLICANT A	PLICAT ND THE	ION ARE T E APPLICA	RUE AND CORRECT. T NT WILL COMPLY WITH	THE 1 THE
a. Authorized Representative				dlo N'-			
Prefix	First Name Kelly			dle Nan	ne		
Last Name Granger			Suff	ïx			
b. Title District Manager			c. T	elephor	ne Number (559)58	(give area code)	
d. Signature of Authorized Rep	resentative 1/1///	A. while	e. D	ate Sig		5-0 ⁻⁷	
	resentative //////	XXVIII II			5	, , ,	

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	aj			
APPLICATION FOR)		***************************************	Version 7/03
FEDERAL ASSISTANCI	E	2. DATE SUBMITTED 03/06/07		Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Application Identifier
Construction	☑ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:	V		Organizational Unit	
Armona Community Services [Vietriot		Department:	
Organizational DUNS:	ASTRICT		Division:	
			Name and talanhan	e number of person to be contacted on matters
Address: Street:				cation (give area code)
P.O. Box 486			Prefix:	First Name: Michael
City:		1100	Middle Name	
Armona County:			Last Name	RECEIVED
Kings State:	Zip Code		Taylor Suffix:	es as assessment Object? Processes II VV Processos Bassade?
CA Country:	93202		Email:	MAR 0 9 2007
USA			mtaylor@ppeng.con	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):			area CSTATE CLEANINGE (6/9 SEE CODE)
94-241381	8		(559) 449-2700	(559) 449-2715
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See back of form for Application Types)
If Revision, enter appropriate le See back of form for description	tter(s) in box(es)	on L Revision	G. Other (specify)	DAL ACENCY.
Other (specify)			9. NAME OF FEDER USDA RURAL ULIT	ILITY SERVICE
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		TILE OF APPLICANT'S PROJECT:
TITLE (Name of Program): Water and Waste Disposal Lo	an and Grant Program	10-760	Well No. 3 Pilot and	Production Well, Development and Treatment
12. AREAS AFFECTED BY P		es, States, etc.):		
Armona, Kings County				
13. PROPOSED PROJECT				IAL DISTRICTS OF:
Start Date: June 2007	Ending Date: June 2009		a. Applicant	b. Project 20
15. ESTIMATED FUNDING:	04NC 2000			N SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$	1,450,000. 00	, G THIS PI	REAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$.00		SS FOR REVIEW ON
c. State	\$.00	DATE:	
d. Local	\$.00	D. NO. ILI	AM IS NOT COVERED BY E. O. 12372
e. Other	\$.00	OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	1,450,000	☐ Yes If "Yes" atta	•
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY TH	E GOVERNING BODY O	PPLICATION/PREAPP F THE APPLICANT AN	LICATION ARE TRUE AND CORRECT. THE D THE APPLICANT WILL COMPLY WITH THE
a. Authorized Representative			Mida	le Name
Prefix	First Name Kelly		Suffi	
Last Name Granger			Sum	^

b. Title
District Manager
d. Signature of Authorized Representative
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c. Telephone Number (give area code) (559)584-4542

e. Date Signed

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	<u>i</u>	2. DATE SUBMITTED February 20, 2007		Applicant	Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State App	lication Identifier
☑ Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Id	entifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				•
Legal Name:			Organizational	Unit:	
Amador Water Agency		Department: Administration			
Organizational DUNS: 627507536			Division:		
Address:					f person to be contacted on matters
Street: 12800 Ridge Road			involving this a	pplication (give First Name	
0			Mr.	Michael	The Sale of the Sa
City: Sutter Creek			Middle Name J	·	RECEIVED MAR 1 2 2007
County: Amador	The same of the sa		Last Name	900 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAR 19 2007
State: California	Zip Code 95685		Suffix: Lee		
Country: U.S.			Email: mlee@amadorv	va.com	STATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number ((give area code)	Fax Number (give area code)
68-0029577			209-257-5207		209-257-5281
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See	back of form for Application Types)
I Nev		n Revision	G		
If Revision, enter appropriate lett (See back of form for description			Other (specify)		
Other (specify)			9. NAME OF FE USDA-Rural Uti	DERAL AGENC lity Service	Y:
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTI	VE TITLE OF AP	PLICANT'S PROJECT:
TITLE (Name of Program):		10-760		City's storage tank	project. Includes a treated water c, and wholesale water service from the
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
13. PROPOSED PROJECT			14. CONGRESS	SIONAL DISTRIC	TS OF:
Start Date:	Ending Date:		a. Applicant		b. Project
May 2007 15. ESTIMATED FUNDING:	May 2008		03	TION SUBJECT	TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P	ROCESS?	
a. Federal \$		3,250,000			TION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant \$		2,252,000		DCESS FOR RE\	/IEW ON
c. State \$. 00	DAT		
d. Local \$		500,000	b. No. III		COVERED BY E. O. 12372
e. Other \$		6,000,000	FOF	REVIEW	NOT BEEN SELECTED BY STATE
f. Program Income \$. 00	17. IS THE APP	LICANT DELING	QUENT ON ANY FEDERAL DEBT?
g. TOTAL \$		12,002,000		attach an explana	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF T	LICATION/PREA HE APPLICANT	APPLICATION AF	RE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE
a. Authorized Representative	First North		In .	Aiddle Name	
Prefix Mr.	First Name Michael			liddle Name James	
Last Name Lee				uffix	
b. Title Financial Services Manager			2	209-257-5207	ber (give area code)
d. Signature of Authorized Repre	sentative		e	. Date Signed February 22, 2007	7

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FEDERAL ASSISTANCE	E	2. DATE SUBMITTED			Version 7/0
1. TYPE OF SUBMISSION:				Applicant Id	entifier
Application	Pre-application	3. DATE RECEIVED B			ation Identifier
Construction Non-Construction 5. APPLICANT INFORMATIO	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AC	GENCY Federal Ider	ntifier
Legal Name:		. 1	Organizatio	nal Unit:	
Senta Isabel Banch Organizational DUNS:	at Diegueño]	Lodians	Department:		
19	4708097		Division:		<u> </u>
Address: Street: Huy 79 and S	ideolkouse Canyon R	2 1 (6 3 1)	Name and to	elephone number of p	person to be contacted on matters
P.O. BOX 13	30 (mailing)	ned (prysical)	Drofive	is application (give a	
City: Santa Ysabel	-		Middle Name	R. JOHN	NY
County: San Diego	- AC	UEIVEU_	Last Name	44	
State: CA	Zip Code 9207	AR 1 3 2007	Suffix:	HERNANDE	<u> </u>
Country: USA	170+0	2 2001	Email:	-	•
6. EMPLOYER IDENTIFICATION	ON NUMBER EN ATE	CLEARING HOUSE	Phone Numb	er (give area code)	Fax Number (give area code)
95-301689	-	ORDINATED BY THE THE PROPERTY OF THE PROPERTY	(7/2) 7/	5-084 5	(76°) 765-2545
8. TYPE OF APPLICATION:			7. TYPE OF A	APPLICANT: (See ba	ck of form for Application Types)
If Revision, enter appropriate let (See back of form for description	tor(a) in hard-al	n 🛘 Revision	Other (specify	K. Indian	
Other (specify)	L			FEDERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIP	TIVE TITLE OF APPL	USDA Ruzl Development
TITLE (Name of Program):	unal Utility Service (RUS)	00-000	Consoli	dation of T	Two Community
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):	Water	Systems	
	Indian Reservat	ion			
13. PROPOSED PROJECT Start Date:	Ending Date:			SSIONAL DISTRICTS	
when tunded 15. ESTIMATED FUNDING:	two years	later	a. Applicant		b. Project
			JORDER 12372	PROCESS?	REVIEW BY STATE EXECUTIVE
	570	,000 ·°°	La Van INT	HIS PREAPPLICATION	WAPPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$. 00	PI	ROCESS FOR REVIE	W ON
c. State \$.00	D/	ATE: 31712007	
d. Local \$.00	b. No. 🔘 PF	ROGRAM IS NOT COV	ÆRED BY E. O. 12372
e. Other \$.00		R PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AP	OR REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	570.	000 .00	Myas If "Vas	" attach an explanation	n. 🚨 No
18. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY	MI FOGE AND BELIEF	ALL DATA IN THE ADD			
TTACHED ASSURANCES IF T	HE ASSISTANCE IS AW	OVERNING BODY OF T 'ARDED.	HE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name			Middle Name	
act Name	JOHNN	/ 4			
Title TARREST	ANDEZ			Suffix	
. Title TRUBAL CH . Signature of Authorized Repres	MIRM AN			c. Telephone Number	(give area code)
revious Edition Uşable				e. Date Signed 3/1	12007
uthorized for Local Reproduction	\				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	3-9-07	Applicant	Version 7/03	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE			State Application Identifier	
☐ Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE		ENCY Federal Id	Federal Identifier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organization	al Unit:		
			Organizational Unit: Department:			
County of Humboldt Organizational DUNS:			Community Development Services			
08156-2514	· ·		Division: Economic Development Division			
Address:			Name and telephone number of person to be contacted on matters			
Street: 520 E Street	HEUE	Prefix: Ms.		s application (give		
	LAAD T			Ms. Jacqueline		
City: Eureka			Middle Name	•	·	
County: Humbldt	STATE CLEAF	RING HOUSE Last Name Debets				
CA	Zip Gode 95501	Suffix:				
Country: USA				o.humboldt.ca.us		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Numb	er (give area code)	Fax Number (give area code)	
94-6000513			(707) 445-77		(707) 445-7219	
8. TYPE OF APPLICATION:	·	. D Basisian		APPLICANT: (See	back of form for Application Types)	
☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es)			B. County			
(See back of form for description	or letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: United States Economic Development Administration			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE (Name of Program): Economic Adjustment			Establish a revolving loan fund to make loans to interested parties for the clean-up of properties contaminated with hazardous substances and or petroleum products.			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):						
Humboldt County, California.						
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL DISTRIC		
May 2007	April 2009		1		b. Project 1	
15. ESTIMATED FUNDING:				CATION SUBJECT 2 PROCESS?	TO REVIEW BY STATE EXECUTIVE	
a. Federal \$		150,000	S Ves III T	HIS PREAPPLICAT	ION/APPLICATION WAS MADE	
b. Applicant \$		1,000	a. res. Available to the state executive order process for review on			
c. State \$,	9,234		ATE:		
d. Local \$		118,000	b. No. 🔲 P	ROGRAM IS NOT C	OVERED BY E. O. 12372	
e. Other \$		28,500		R PROGRAM HAS OR REVIEW	NOT BEEN SELECTED BY STATE	
f. Program Income \$		00	17. IS THE A	PPLICANT DELING	UENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		306,734	Yes If "Ye	s" attach an explana	tion.	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (ALL DATA IN THIS APP GOVERNING BODY OF 1	LICATION/PR	EAPPLICATION AR		
a. Authorized Representative Prefix	First Name			Middle Name		
Prefix First Name Kirk						
Last Name Girard				Suffix		
b. Title Director, Community Development Services				c. Telephone Number (give area code) 707-268-3735		
d. Signature of Authorized Representative				e. Date Signed 3/8/07		
Previous Edition Usable	· · · · · · · · · · · · · · · · · ·				, - 1	

APPLICATION FOR FEDERAL ASSISTANCE		2. DAYE SUBMITTED 03/14/2007		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
Application	Pro-application	4. DATE RECEIVED BY FEDERAL AGENC		Coderal Identifier		
☐ Construction	Construction			/ Federal Identitier		
Non-Construction	Non-Co <u>nstruction</u>					
5. APPLICANT INFORMATIO Legal Name:	N		Organizational Unit			
Sierra Economic Development District			Department:			
Organizational DUNS: 08-885-6885			Division:		The second secon	
Address:			Name and telophor	o humber of p	oreon to bo contacto	on matters
Street:			involving this appli Prefix:	rirst Name:		1
560 Wall Street, Suite F			Mr, Middlo Name	Bront MA	R 1 4 2007	
City: Auburn				7.		
County: Placer			Last Name Smith	STATE	CLEARING HOUSE	entitle)
State: CA	Zip Code 95603		Suffix:			
Country: United States	1-444-4-1		Email: Bront@scdd.org			
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):	······································	Phone Number (give area code) Fax Number (give area code)			a coile)
9 4 _ 1 7 0 5 0 4	3		530-823-4703		530-823-4142	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)			
V Ne		n T Revision	0			
If Revision, enter appropriate to (See back of form for description	ottor(s) in box(cs) on of letters.)	1.1	Other (specify)			
	·		9. NAME OF FEDER	AL ACENCY		
Other (specify)			USDA/Rural Development			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			ICANT'S PROJECT:	
TITLE (Name of Program):		10-769	Businoss Dovolopm Manufacturing Facil		ollet Manufacturing and Industrial Park	Pallat Stava
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties	s. States, etc.);	_			
Sierra County, City of Loyaltor	•	,				
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant Doolittle - 4		b. Project Doolittle - 4	
06/01/2007 15. ESTIMATED FUNDING:	05/30/2008			N SUBJECT TO	D REVIEW BY STATE	FXECUTIVE
			ORDER 12372 PRO	CESS?		
	\$	50.000	a. Yes. I/I THIS PREAPPLICATION/APPLICATION WAS MA			
b. Applicant	\$, ou	PROCE	PROCESS FOR REVIEW ON		
ç. State	\$, and	DATE:	February 27, 20	07	
d. Local	\$	gn	b. No. ITI PROGR	AM IS NOT CO	VERED BY E. O. 1237	2
e. Other	\$	ao	OR PROGRAM HAS NOT BEEN SELECTED BY STATE			
f. Program Income	\$	un un			ENT ON ANY FEDERA	L DEBT?
g. TOTAL	\$	50,000	Yes If "Yes" attac	ch an explanatio	on. 🛂 No	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	, ALL DATA IN THIS AP	PLICATION/PREAPPL THE APPLICANT AN	ICATION ARE D THE APPLICA	TRUE AND CORRECT ANT WILL COMPLY W	T. THE UTH THE
a_Authorized Representative						
Pretix Mr. First Namc Brent			Middl	Middle Name		
Last Name Smith			Suffix			
b. Title President		10	530-	323-4703	r (give area code)	
d. Signature of Authorized Rep	resentative	wite Jan	e. Da	ا- نخ te Signed	3-07	

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Application for		2. DATE SUBMITTED:	Applicant Identifier			
Federal Assistance	e					
1. TYPE OF SUBMISSION		3. DATE RÉCEIVED BY STATE	State Application Identifier			
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
✓ Non-construction	Non-construction					
5. APPLICANT INFORMATION						
Legal Name:	State of California	Organizational Unit: Department of Health Services				
		Name and telephone number of the person to be contacted on matters involving this application (give area code)				
1616 Capitol Avenue, 2nd Floor, MS 7404 P.O. Box 997413 Sacramento, CA 95899-7413		Glenn Takeoka (916) 449-5693				
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	7. TYPE OF APPLICANT: (enter appropriate lette	r here) A			
68	-0317191	A. State	H. Independent School District			
8. TYPE OF APPLICATION:		B. County	I. State Controlled Instituion of Higher Learning			
✓ New Continuat	on Revision	C. Municipal	J. Private University			
If Revision, enter appropriate letter(s)	in box(es)	D. Township	K. Indian Tribe			
A. Increase Award	B. Decrease Award	E. Interstate	L. Individual			
C. Increase Duration D. Decrease Duration		F. Intermunicipal	M. Profit Organization			
Other Specify:		G. Special District	N. Other (Specify):			
		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency				
A CARALOG OF PROPERTY	C11.66.47	2 11. DESCRIPTIVE TITLE OF APPLICANT'S PRO				
10. CATALOG OF FEDERAL		Implementation of Water Quality Me	onitoring and Public Notification Programs			
DOMESTIC ASSISTANCE NU	MBEK:	implementation of water Quarty in	Sintoring and I done I constrained a 1-6-			
TITLE: BEACH						
12. AREAS AFFECTED BY PROJE	CT (cities, counties, states, etc.)	1				
	nia Coastal Counties					
13. Proposed Project:	ma country cou	14. CONGRESSIONAL DISTRICT OF:				
Start Date	End Date	a. Applicant:	b. Project			
		Department of Health Services	State of California Coastal Areas			
		16. IS APPLICATION SUBJECT TO	REVIEW BY STATE EXECUTIVE ORDER			
		12372 PROCESS?				
15. Esimated Funding:		a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO				
a. Federal	\$ 522,920	THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW				
b. Applicant	\$ -	ON:				
c. State	\$ -	DATE: June 30, 2007				
d. Local	\$ -	b. NO.				
e. Other: 1:1 Match	\$ -	PROGRAM IS NOT COVE				
f. Program Income		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
g. TOTAL	\$ 522,920					
		Yes If "Yes," attach an explanation	N ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY			
TO THE BEST 18. AUTHORIZED	OF MY KNOWLEDGE AND BELIEF, ALL BY THE GOVERNING BODY OF THE AF	PLICANT AND THE APPLICANT WILL COMPLY	WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed name of Authorized Representative.		b. Title	c. Telephone Number			
Mark Horton, MD, MSPH		State Public Health Officer	(916) 440-7400			
	nthorize Representative	The residence of the state of t	e. Date Signed			
1 1000	C AA		7/5/119			



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/14/07		Applicant Identifier		
		3. DATE RECEIVED BY STAT	TE .	State Application Identifier		
1.TYPE OF SUBMISSION:		3, DATE RECEIVED BY STAT	-			
Application	Preapplication	4. DATE RECEIVED BY FEDI	RAL AGENCY	Federal Identifier		
Construction	Construction	TO DATE TO CONTRACT OF THE PARTY OF THE PART	,			
Non-Construction	Mon-Construction					
5. APPLICANT INFOR			10	al Unit: Emergency	Department	
Logal Nama: Mendoci	no Coast Dis	trict Hospital	Name and to	landone number of person to	be contrated on metters involving	
Address (give city, county, st 700 River			this applicat	ion (give area code)		
Fort Bragg.	CA 95437			ner Paulsen (
6. EMPLOYER IDENTIFICATI	ON (EIN):		7. TYPE OF	APPLICANT: (anter approprie	te letter in box)	
95-2	6 2 7 6	181	A. Stata B. Count	* **** * * * ***	it School Dist. olled institution of Higher Learning	
8. TYPE OF APPLICATION:	New Cor	ntinuation Revision	C. Munici D. Towns E. Inters F. Interm G. Spacis	pal J, Private Unitalia K, Indian Tribe tate L, Individual unicipal M, Profit Orga	nization	
If Revision, enter appropriate	letter(a) in	TE SENT				
		RECEIVE	was bound		•	
A increase Award	B. Decrease Award	c. Increase Duration	I 1			
O. Decrease Duration	Other (specify):	MAR 1 4 20)\[\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		1	D. INCHE PI	FEDERAL AGENCY:		
,		STATE CLEARING	HOUSEST	DA		
		STATE CLEARING				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER	li .	PTIVE TITLE OF APPLICANT		
Rural Dev	elopment []	0.766	Am	bulance Replac	ement Project	
TITLE: COMMUN.	ity tacelities	Grant Program	-			
Fort Araga West	ort. Mandaine	o, Elk, Comptche,				
			, ka			
		Mendocino Count	OF Athe	di Timb	- District of CA	
Start Date Ending Date		RESSIONAL DISTRICTS	b. Pr	Thompson, First	DISTYTE ST CA	
Start Date Crowd Day		ino Coast District Ho			cement Project	
				APPLICATION SUBJECT TO		
	15. ESTIMATED F	UNDING		ORDER 12372 PROCESS?		
a. Federal	\$ 40,7	30.00			ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER	
b. Applicant	58,00	Δ 00		12372 PROCESS FO	R REVIEW ON:	
	30,00	0.00			·	
c. State	9		•	DATE3/14/	07	
d. Local	\$			b. NO PROGRAM IS NO	OT COVERED BY E.O. 12372	
e. Other	\$			OR PROGRAM HA	as not been selected by New	
f, Program Income	\$		17. 15	THE APPLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. Total	1 98, 730	0.00	0.00	YES (Attach explanation)	NO	
CORRECT, THE DOC	MY KNOWLEDG	E AND BELIEF, ALL DA IN DULY AUTHORIZED	BY THE C	APPLICATION/PREAP OVERNING BODY OF ASSISTANCE IS AWAR	PLICATION ARE TRUE AND THE APPLICANT AND THE IDED.	
a.Type Name of Authorized R	tepresentative	b. Title			c. Telephone Number	
Raymond	K Hino 1	Chie	- Execut	ive Officer	(707)961-4610	
d Signature of Authorized Res	presentative	~~			a. Data Algnad / D 7	
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